

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/556482

FILING DATE

11-14-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5						
6		4				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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14	1		1			
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27	1		1			
28	1		1			
29	1		1			
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34	1		1			
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36		1				
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40		1				
41		1				
42		1				
43		1				
44	1		1			
45	1		1			
46	1		1			
47						
48						
49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						